

Policy and Procedure for Use or Disclosure of Health Information Pursuant to Authorization or Valid Written Request 45 CFR 164.502

PURPOSE: To establish a policy and procedure for disclosing protected health information (PHI) pursuant to the patient's authorization or a valid written request in accordance with the Privacy Act of 1974, 5 U.S.C. 522a, Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Part 164, Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2, Confidentiality of Mental Health Records, 42 CFR Part 51 and the Freedom of Information Act, 5 U.S.C. 552.

POLICY: An "Authorization for Use or Disclosure of Health Information" Form IHS 810 must be completed and signed prior to disclosing health information for any purpose. A valid written request from the patient may also be honored.

Authorization for use and disclosure of PHI is not required to be completed for disclosures for which authorization is not required.

PROCEDURE: The following procedures will be used when patients authorize disclosures of PHI.

The following procedures will govern how disclosure of protected health information will be accomplished for valid authorizations (IHS-810) or written requests received by IHS. Strict adherence to the following procedures is required.

1. Only authorizations with original signatures will be processed by the Health Information Management (Health Record) Department.
2. An individual may authorize a release of PHI by completing and signing the Authorization, IHS-810.
3. Blanket authorization (no specified individual or organization or for a time period which exceeds one year) or duplicated authorizations will not be honored.
4. The authorization will terminate one year from the date of signature unless the patient specifies a different expiration date or expiration event.
5. **A written request** (other than IHS 810) received by mail must identify the individual and description of the information desired such as date of visit or diagnosis/condition. The request must contain the name and address of the requester, date of birth, signature for comparison purposes and date.
6. If the authorization or written request does not contain sufficient information that identifies the patient or description of the information requested, the individual will be contacted that additional specific information is required in order to process the request.

7. Any additional information received will be documented, dated and initial on the original request.
8. Verification of the individual requesting disclosure must be performed or comparison of the signature located in the record. (See P&P on Verification of Identify Prior to Disclosure of PHI).
9. If the authorization is signed by a personal representative of the individual, a description of such representative authorized to act for the individual should be documented. Legal documents must be filed in the patient's record.
10. When a request for disclosure of PHI is incomplete or unclear, IHS staff may contact the requestor for additional information prior to disclosing any information. Additional information received should be documented, dated and initialed by the staff on the original authorization form or the written request.
11. Information disclosed may be subject to re-disclosure by the recipient and no longer protected. The information disclosed must be accompanied by the following statement:

*"This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (45 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose."*

12. Information disclosed by a designated alcohol/substance abuse facility must be accompanied by the following statement:

*This information has been disclosed to you from records protected by federal confidentiality regulations (42 CFR Part 2). The federal regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*

13. A copy of the signed authorization, IHS-810, must be provided to the individual and the original signed authorization or valid written request must be filed in the patient's record.